



Authorization to Release Confidential Information

INDIANA State Form 51806 (6-04)

I, _____, hereby authorize the Indiana Public Employees' Retirement Fund (PERF) to release confidential information and membership records related to my PERF account to the following third party:

Name: _____

Address: _____

Relationship: _____

The extent of this authorization is as follows (choose one of the following):

☐

Disclosure shall be unlimited and shall include all confidential membership information and records.

☐

Disclosure shall be limited to the following specific types of information:

I understand that, pursuant to IC 5-10.2-2-17, PERF records of individual members and membership information are confidential, except for the name and years of service of the PERF member. I further understand and agree that, by signing this Authorization to Release Confidential Information ("Authorization"), I am waiving the legal protections provided by this statute to the extent I have directed above.

I understand and agree that any cancellation or modifications of this Authorization must be in writing, and that this Authorization shall remain valid until such written cancellation or modification is received by PERF. A photocopy or facsimile of this Authorization shall be as effective and valid as the original.

By signing below, I release and hold harmless PERF, its agents, and its employees from any and all liability, charges, complaints, claims, causes of action, and damages of any kind which might be asserted in connection with the release of confidential information described herein.

Signature: _____

Witness Signature: _____

Social Security Number: _____

Witness Name: _____

Date: _____

Date: _____